

PARTI

**LOBBYIST** 

## HAWAII STATE ETHICS COMMISSION

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STATE OF HAWA! STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

NAME(Last)	(First)	(Middle)	TELEPHONE
MEYERS	GREGORY	1-9	(808) 245-4728 PAX 246-8824
MAILING ADDRESS (Street)			FAX
4334	LUE St, Sul	TE 284A	246-8824
(City)	(State)	(Zip	Code)
LIMUE	HI	9	6766
EMPLOYING ORGANIZATION (Fi	II in only if you are employed by a business entity	which has been retained to lobby)	TELEPHONE
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MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)
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PART II ORGANIZATION YOU			TELEPHONE - C
NAME OF ORGANIZATION YOU	U LOBBY FOR (Do not abbreviate)		TELEPHONE 536- 4302
NAME OF ORGANIZATION YOU	U LOBBY FOR (Do not abbreviate)	HAWALI	TELEPHONE 536-4302 (808) 245-4708
NAME OF ORGANIZATION YOU		HAWALI	TELEPHONE 536-4302 (808) 245-4718 FAX 527 8064
NAME OF ORGANIZATION YOU  LEGAL MD  MAILING ADDRESS (Street)	U LOBBY FOR (Do not abbreviate)  Society of	HAWAII	(808) 245-4728 FAX 527 - 8088
NAME OF ORGANIZATION YOU  LEGAL MO  MAILING ADDRESS (Street)  QUA BETT	U LOBBY FOR (Do not abbreviate)  SOCIETY OF		(808) 245-4728 FAX 527 - 8088 246-8824
NAME OF ORGANIZATION YOU  LEGAL MD	U LOBBY FOR (Do not abbreviate)  Society of		(808) 245-4728 FAX 527 - 8088
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NAME OF ORGANIZATION YOU  LEGAL AND  MAILING ADDRESS (Street)  QUA BETT  (City)  TWOTUM	U LOBBY FOR (Do not abbreviate)  SOCIETY OF  (State)	(Zip	(808) 245-4728 FAX 527 - 8088 246-8824 Code)
NAME OF ORGANIZATION YOU  LEGAL AND  MAILING ADDRESS (Street)  QUA BETT  (City)  NAME OF PERSON RESPONSIBLE	U LOBBY FOR (Do not abbreviate)  SOCIETY OF  LEL ST (State)  H 1  E FOR PREPARING ORGANIZATION'S EXP	(Zip	(808) 245-4718  FAX 527-8088  246-8824  Code)  PL3  TELEPHONE  536-4362
NAME OF ORGANIZATION YOU  LEGAL AND  MAILING ADDRESS (Street)  QUA BETT  (City)  NAME OF PERSON RESPONSIBLE	U LOBBY FOR (Do not abbreviate)  SOCIETY OF  HEL ST (State)	(Zip	(808) 245-4718 FAX 527-8088 246-8824 Code)
NAME OF ORGANIZATION YOU  LEGAL AND  MAILING ADDRESS (Street)  (City)  NAME OF PERSON RESPONSIBLE  MAILING ADDRESS (Street)	U LOBBY FOR (Do not abbreviate)  SOCIETY OF  LEL ST (State)  H 1  E FOR PREPARING ORGANIZATION'S EXPENSE	(Zip 96 ENDITURES STATEMENT	(808) 245-4718  FAX 527-8088  246-8824  Code)  PL3  TELEPHONE  536-4362  FAX  527-8088
NAME OF ORGANIZATION YOU  LEGAL AND  MAILING ADDRESS (Street)  OCITY  NAME OF PERSON RESPONSIBLE  MAILING ADDRESS (Street)	U LOBBY FOR (Do not abbreviate)  SOCIETY OF  LEL ST (State)  H 1  E FOR PREPARING ORGANIZATION'S EXP	(Zip 96 ENDITURES STATEMENT	(808) 245-4718  FAX 527 - 8088  246-8824  Code)  PL3  TELEPHONE  536-4362  FAX

DART III DESCRIPTION OF SUBJECTS UPON WILLOW YOU TWO TO THE STATE OF T						
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Rel	ations, Tourism & Recreation			
Consumer Protection &	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	er   Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Correct	etions			
PART IV CERTIFICATION	OF LORRVIST					
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	(Signature of Lobbyist)		(Date)			
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PART V AUTHORIZATÌO	N TO LOBBY					
NAME		TITLE OF AUTHORIZING O	FFICER OR PERSON REPRESENTED			
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
MAILING ADDRESS (Street)			FAX			
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(City)	(State)	(Z	ip Code)			
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Agriculture	Education	X Human Sarvices	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operations & Finance	Intergove nmental Relations, International Affairs	Tourism & Recreation			
Consumer Protection & Commerce	Hawallan Affairs	Labor & Employment	Transportation			
Culture. Arts, Historic Preservation	Health	Planning, Lanc & Water Use Management	Other (indicate below)			
Ecology, Energy Environmental Protection	Housing	Fublic Salety & Corrections				
PART IV CERTIFICATION	OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.  (Signature of Lobbyist)  (Signature of Lobbyist)						
	V V					
PART V AUTHORIZATION	N TO LOBBY	TITLE OF ALTELIABISMA OFFICER	AD SERBOU DESPECTUTED			
NAME		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED			
Strange M. Nalam Fujimori Deputy Director						
NAME OF ORGANIZATION (if appl	•	, ∆,Ei	LEPHONE			
Legal Aid Societa	g of Hawaii		5278014			
MAILING ADDRESS (Street)		FAX	×			
924 Bethel St.			5278088			
(City)	(State)	(Zip Code)				
HON	H1	96813				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
2.NL	3	1/31	105			
(Signature of Aut	Horizing Officer or Person Represe	nted) (	Date)			